



Dear Applicant,

Thank you for your interest in the Volunteers in Police Service (V.I.P.S.) program. Volunteers at the Mesa Police Department contribute more than just their time; they bring to those they work with expertise culled from their life experiences, new ideas, fresh perspective, and shared enthusiasm. The V.I.P.S. are *highly* valued and genuinely appreciated.

Attached is an application and information about the application process. Please read all of the information thoroughly and follow the instructions closely. A correctly completed application will assist in its timely processing.

Upon receipt of your application, it will be reviewed for minimum qualifications. Your eligibility will be determined by:

- Successful completion of your background investigation
- Your qualifications
- Your honesty and thoroughness
- Availability of the area you wish to volunteer within

Thank you for considering the Mesa Police Department to receive the gifts of your skills, abilities, and time. Please return your completed, notarized application as soon as you can so that you, too, can be a part of the Mesa Police Department team! Your completed application should be mailed to:

V.I.P.S. Program Mesa Police Department P.O. Box 1466 Mesa AZ 85211
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Sincerely,

A handwritten signature in black ink, appearing to read 'Tara Hall'. The signature is fluid and cursive, with a large initial 'T' and 'H'.

Tara Hall
Volunteer Coordinator



POLICE DEPARTMENT

Steps of the VIPS Selection Process

All VIPS positions require:

- Application
- Criminal History Check
- Fingerprinting
- Personal and Employment References
- Certified Copy of your High School Transcripts or G.E.D.
- During the application process, we will need to personally see your copy of your certified birth certificate, which we will copy and return to you
- Selection Interview in Prospective Unit(s)
- Drug Screen
- Background Interview
- Polygraph Exam

Frequently Asked Questions about V.I.P.S.

How many hours per month are required?

Most V.I.P.S. positions require a minimum of eight (8) hours per month. Exceptions are the Victim Assistance position, which seeks two (2) shifts per month, (shifts are either six hours or 10 hours in length), and the Center Against Family Violence Assistant position, seeking 10 hours per month.

Am I eligible to apply if I am a winter resident?

Yes. We have a number of winter residents that volunteer in our program only during the months that they are in Arizona. Because of your absence during the summer months, it cannot be guaranteed that the same V.I.P.S. position you held during the winter will be available for you in the summer. However, if the same position is unavailable when you return, we will work with you to locate a V.I.P.S. position that you enjoy just as well.

Is a polygraph exam the same thing as a lie detector test?

Yes.

May I volunteer within more than one V.I.P.S. position?

Absolutely! We want your volunteer experience with us to be interesting and fulfilling. If you enjoy volunteering with us enough to take on more than one V.I.P.S. position, we encourage you to divide your donated hours however you see fit.

Where is the Mesa Police Department located?

The Headquarters building, which is where you will send your application and undergo the steps of the V.I.P.S. application process, is located at 130 North Robson in Mesa. This is between Country Club Drive and Macdonald, and between University Drive and Main Street.

Are all V.I.P.S. positions located in the Headquarters building?

No. Sometimes there are V.I.P.S. openings in other Mesa Police buildings, such as our patrol substations and other offices.

If I have been fingerprinted before for any reason, including at the Mesa Police Department, must I be fingerprinted again for V.I.P.S.?

Yes. Each time that you make an application of any sort to the Mesa Police Department, you must be fingerprinted.

What do we mean by "**certified**" copies of your birth certificate and high school transcripts?

Certified copies are copies of your birth certificate and your high school transcripts that are provided directly by the issuing agency or school.

Regarding your birth certificate: If you have a certified copy of your birth certificate, we will be able to take a copy of it and return your original to you during the application process. We do *not* recommend that you send in your original birth certificate with your application; we will instead make arrangements with you during one of your appointments here to take a copy.

Regarding your high school transcripts: You will need to contact the high school that you graduated from and request a certified copy of your transcripts. Please request that the school mail a certified copy directly to our department. Please request that your transcripts be mailed to:

Tara Hall, Volunteer Coordinator
Mesa Police Department
P.O. Box 1466
Mesa, AZ 85211

We require the high school transcript because it helps to establish the timeline of your life as you present it to us through the application process, not as an educational marker.

Important Note: Please do not delay turning in your application while waiting for your certified transcripts to be sent. We can begin processing your application without them. It is needed in order to complete your file.

READ THIS BEFORE FILLING OUT YOUR APPLICATION

Please avoid these common errors when filling out your application!

- **Do not** list personal references that you have known for LESS than five (5) years! Also, avoid using relatives, supervisors or neighbors for personal references.
- **Do not** omit information from your employment history! Even if you held a job for only one (1) day, we want to know about it. Whether a position you held was brief, seasonal, part time, worked from your home or a “cash job”, please be sure to list it among your employment. Be sure to list complete mailing addresses, e-mail addresses, telephone numbers and the name of your immediate supervisor for each position held.
- **Do not** fail to list the exact number of times that you may have tried, used or tasted illegal drugs or substances. If you do not recall the exact number of time, list the MAXIMUM NUMBER of times that you feel confident you have not exceeded. Be very sure to include the month and year as well –do not simply state “in high school,” “when I was younger,” “during college”, etc.
- **Do not** forget to sign you “Waiver to of Liability and Release” form! The waiver is useless without your signature.
- **Do not** turn in your application until you have it notarized.

Thank you for your attention to detail. Your complete and accurate application will aid in its timely processing. We want you to join the Mesa Police Department “team” just as quickly as you do!

Mesa Police Department

Volunteers in Police Service (V.I.P.S.)



Name _____

Address _____

Primary Phone _____

Secondary Phone _____

E-Mail Address _____

Hours I am available to volunteer: (circle all that apply)

Week Days Week Evenings
Weekend Days Weekend Evenings

I have viewed the enclosed listing of current V.I.P.S. openings;
the V.I.P.S. position(s) that I most wish to volunteer within is/are:

1st Preference _____

2nd Preference _____

3rd Preference _____

I don't see this area listed, but, if it becomes available, the
police unit that I am interested in volunteering within is:

Where I heard about the V.I.P.S. program:

Which tasks would you most enjoy?

[Check all that apply.]

- ☐ Crisis intervention for victims
- ☐ Answering telephones
- ☐ Greeting people / Staffing information booths
- ☐ Processing D.U.I. suspects
- ☐ Data entry / Clerical / Administrative
- ☐ Public speaking
- ☐ Reading police reports for information
- ☐ Photography
- ☐ Disabled Parking Enforcement
- ☐ Child care
- ☐ Volunteer recruitment
- ☐ Research
- ☐ Driving police vehicles
- ☐ Homeland security functions (fieldwork or administrative)
- ☐ Working with aviation equipment
- ☐ Working with computer equipment
- ☐ Paperwork (sorting, filing, stuffing envelopes, etc.)



I understand that while volunteering I will be covered by the City of Mesa Worker's Compensation policy under:

ARS statue 23-901.06.

Applicant's Signature:

Date



TO: Mesa Police Department Applicants

Applicants are advised that a polygraph examination will be given as part of the total application/background procedure. The questions may include, but are not limited to the following areas:

1. Your work history
2. Your usage of alcohol and drugs
3. Your honesty
4. Your criminal history and/or involvement in undetected crimes

Attached is an eight page questionnaire that you are required to complete in connection with the polygraph examination and police department background check.

Take special care to comply with the following:

1. List complete mailing addresses (including zip codes) and telephone numbers regarding past and present employers, as well as references.
2. Provide detailed explanations for all "yes" answers throughout the questionnaire. Include dates and locations, where appropriate.
3. Read and sign the last page of the questionnaire and have signature notarized before submitting it.

FAILURE TO FOLLOW THE ABOVE DIRECTIONS WILL PROHIBIT YOU FROM BEING CONSIDERED FOR EMPLOYMENT.

ANY INACCURATE, FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GROUNDS FOR DISQUALIFICATION. INFORMATION RECEIVED WILL BE VERIFIED.

Do not attach a resume, in-service training diplomas, classes attended, etc.



Name (Last, First, Middle)
Position Applied For
Today's Date



BACKGROUND QUESTIONNAIRE

This questionnaire will be evaluated by those persons responsible for hiring at the Mesa Police Department. It will be reviewed as part of an extensive background investigation into your personal and employment history.

All applicants will be required to take a polygraph examination.

Any inaccurate, false, incomplete or misleading information or failure to follow the instructions listed below will be grounds to disqualify you for employment with the City of Mesa.

FOLLOW DIRECTIONS CAREFULLY

1. USE INK TO COMPLETE QUESTIONNAIRE.
2. COMPLETE THE FORM IN YOUR OWN HANDWRITING OR PRINTING.
DO NOT TYPE.
3. WRITE OR PRINT LEGIBLY.
4. READ EACH QUESTION CAREFULLY.
5. ANSWER EACH QUESTION COMPLETELY AND ACCURATELY.
6. ANSWER ALL QUESTIONS.
7. IF A QUESTION DOES NOT APPLY TO YOU, WRITE N/A IN THE BOX.
8. IF YOU NEED ADDITIONAL SPACE, WRITE ON THE BACK PAGE.
9. BEFORE RETURNING QUESTIONNAIRE, READ AND SIGN THE LAST PAGE.
HAVE YOUR SIGNATURE NOTARIZED.

1. PERSONAL DATA

LAST NAME			FIRST NAME		MIDDLE NAME	Primary Phone		Secondary Phone	
Email Address									
CURRENT HOME ADDRESS		STREET & NUMBER		CITY		STATE		Zip Code	
AGE	DOB	PLACE OF BIRTH		SEX	RACE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR
SOCIAL SECURITY NO.		TATTOOS/SCARS (DESCRIPTION & LOCATION)			LIST ANY OTHER NAMES YOU HAVE EVER USED (INCLUDE MAIDEN NAME)				
MARRIAGE STATUS Single/Married/Windowed/Divorced/oth				SPOUSE'S/Significant other NAME			DOB		
Spouse or significant other's email address								Spouse/Significant other's Phone	

A. STARTING WITH YOUR PRESENT ADDRESS, LIST ALL MAILING ADDRESSES YOU HAVE LIVED FOR THE PAST TEN (10) YEARS, INCLUDE YOUR ADDRESSES IN THE MILITARY SERVICE. DO NOT FORGET TO INCLUDE ZIP CODES.

DATES MO/YR		STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE
FROM	TO					
	PRESENT					

Social Media List all social media accounts and internet social websites (**Facebook, Twitter, ETC**). Please complete the attached release of internet social website information

social media and/or internet social websites continued

2. REFERENCES

LIST THREE (3) REFERENCES (**NOT** RELATIVES, FORMER EMPLOYERS OR NEIGHBORS) WHO ARE RESPONSIBLE ADULTS, AND WHO HAVE KNOWN YOU WELL FOR AT LEAST THE LAST *FIVE* YEARS.

NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> BUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP CODE	
Email Address			Primary Phone	Secondary Phone	
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> BUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP Code	
Email Address			Primary Phone	Secondary Phone	
NAME		STREET ADDRESS		<input type="checkbox"/> RESIDENCE	<input type="checkbox"/> BUSINESS
HOW LONG KNOWN?	OCCUPATION	CITY	STATE	ZIP Code	
Email Address			Primary Phone	Secondary Phone	

3. EDUCATION

A. INDICATE BY CHECKING THE BOXES BELOW IF YOU HAVE ANY OF THE FOLLOWING:

☐ HIGH SCHOOL DIPLOMA ☐ G.E.D. CERTIFICATE ☐ COLLEGE DEGREE

LIST ALL HIGH SCHOOLS, COLLEGES, TRADE SCHOOLS AND UNIVERSITIES YOU HAVE ATTENDED IN CHRONOLOGICAL ORDER:

DATES	NAME	ADDRESS	TYPE OF DEGREE OR CREDIT HRS.

B. HAVE YOU EVER BEEN SUSPENDED, DISCIPLINED OR EXPELLED FROM ANY HIGH SCHOOL OR INSTITUTION OF HIGHER LEARNING? ☐ YES ☐ NO
IF YES, EXPLAIN ON BACK PAGE.

4. EMPLOYMENT

A. HAVE YOU EVER BEEN DISMISSED OR ASKED TO RESIGN FROM ANY EMPLOYMENT? ☐ YES ☐ NO IF YES, EXPLAIN ON BACK PAGE.

B. IF YOU DO NOT WANT YOUR PRESENT EMPLOYER TO BE CONTACTED, CHECK THE BOX TO THE RIGHT, AND ON THE BACK PAGE EXPLAIN WHY: ☐
 BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, LIST ALL OF THE PLACES YOU HAVE WORKED DURING THE LAST TEN (10) YEAR PERIOD. KEEP IN PROPER ORDER. **LIST PERIODS OF SCHOOL, MILITARY SERVICE, UNEMPLOYMENT, TEMPORARY ASSIGNMENTS, VOLUNTEER SERVICE AND PART-TIME EMPLOYMENT. LIST EVERYTHING DURING THE LAST TEN (10) YEAR PERIOD. OMIT NONE!** BE SURE TO KEEP IN PROPER SEQUENCE. IF YOU NEED MORE ROOM, USE THE BACK PAGE OR A SEPARATE SHEET OF PAPER.

CURRENT EMPLOYMENT	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
FROM	CITY	PHONE () -
TO PRESENT	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY
EMAIL ADDRESS		
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON WHY YOU WANT TO LEAVE		
FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE ()
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY
EMAIL ADDRESS		
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		
FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE ()
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY
EMAIL ADDRESS		
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		
FROM	NAME	JOB TITLE
MO/YR	STREET ADDRESS	SUPERVISOR
TO	CITY	PHONE ()
MO/YR	STATE	ZIP CODE
		STARTING SALARY
		ENDING SALARY
EMAIL ADDRESS		
DESCRIBE YOUR DUTIES		
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER		
REASON FOR LEAVING		

FROM	NAME		JOB TITLE	
MO/YR	STREET ADDRESS		SUPERVISOR	
TO	CITY	PHONE ()	STARTING SALARY	
MO/YR	STATE	ZIP CODE	ENDING SALARY	
EMAIL ADDRESS				
DESCRIBE YOUR DUTIES				
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER				
REASON FOR LEAVING				
FROM	NAME		JOB TITLE	
MO/YR	STREET ADDRESS		SUPERVISOR	
TO	CITY	PHONE ()	STARTING SALARY	
MO/YR	STATE	ZIP CODE	ENDING SALARY	
EMAIL ADDRESS				
DESCRIBE YOUR DUTIES				
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER				
REASON FOR LEAVING				
FROM	NAME		JOB TITLE	
MO/YR	STREET ADDRESS		SUPERVISOR	
TO	CITY	PHONE ()	STARTING SALARY	
MO/YR	STATE	ZIP CODE	ENDING SALARY	
EMAIL ADDRESS				
DESCRIBE YOUR DUTIES				
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER				
REASON FOR LEAVING				
FROM	NAME		JOB TITLE	
MO/YR	STREET ADDRESS		SUPERVISOR	
TO	CITY	PHONE ()	STARTING SALARY	
MO/YR	STATE	ZIP CODE	ENDING SALARY	
EMAIL ADDRESS				
DESCRIBE YOUR DUTIES				
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER				
REASON FOR LEAVING				
FROM	NAME		JOB TITLE	
MO/YR	STREET ADDRESS		SUPERVISOR	
TO	CITY	PHONE ()	STARTING SALARY	
MO/YR	STATE	ZIP CODE	ENDING SALARY	
EMAIL ADDRESS				
DESCRIBE YOUR DUTIES				
<input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER				
REASON FOR LEAVING				

C. HAVE YOU EVER APPLIED FOR **ANY** POSITION WITH **ANY** LAW ENFORCEMENT AGENCY? ☐ YES ☐ NO
IF MORE SPACE IS NECESSARY, LIST ON THE BACK PAGE.

DATE	POSITION	LAW ENFORCEMENT AGENCY	DISPOSITION

D. HAVE YOU EVER ATTENDED A LAW ENFORCEMENT ACADEMY? ☐ YES ☐ NO

NAME OF ACADEMY _____

NAME OF ACADEMY _____

WERE YOU CERTIFIED? ☐ YES ☐ NO

DATE ATTENDED _____

DATE ATTENDED _____

5. ARREST HISTORY

THE FOLLOWING QUESTIONS PERTAIN TO YOUR EXPERIENCES IN THIS COUNTRY AND ALL OTHER COUNTRIES **AS BOTH A JUVENILE AND AN ADULT**. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. **EXPLAIN ALL "YES" ANSWERS IN DETAIL ON BACK PAGE.**

	YES	NO		YES	NO
A. HAVE YOU EVER HAD ANY CONTACT WITH ANY LAW ENFORCEMENT OFFICIAL, TO INCLUDE AS A VICTIM, WITNESS OR REPORTING PARTY?	<input type="checkbox"/>	<input type="checkbox"/>	G. HAVE YOU EVER BEEN CONVICTED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>
B. HAVE YOU EVER BEEN WARNED ABOUT ANYTHING BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>	H. HAVE YOU EVER BEEN BOOKED INTO JAIL?	<input type="checkbox"/>	<input type="checkbox"/>
C. HAVE YOU EVER BEEN DETAINED BY A LAW ENFORCEMENT OFFICIAL?	<input type="checkbox"/>	<input type="checkbox"/>	I. HAVE YOU EVER RECEIVED A CRIMINAL CITATION?	<input type="checkbox"/>	<input type="checkbox"/>
D. HAVE YOU EVER BEEN ACCUSED OF A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	J. HAVE ANY RELATIVES OF YOU OR YOUR SPOUSE EVER BEEN CONVICTED OR HELD IN ANY DETENTION FACILITY, JAIL OR PRISON?	<input type="checkbox"/>	<input type="checkbox"/>
E. HAVE YOU EVER BEEN CHARGED WITH A CRIME?	<input type="checkbox"/>	<input type="checkbox"/>	K. HAVE THE POLICE EVER BEEN CALLED TO YOUR HOME FOR ANY REASON?	<input type="checkbox"/>	<input type="checkbox"/>
F. HAVE YOU EVER BEEN ARRESTED?	<input type="checkbox"/>	<input type="checkbox"/>			

L. IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, LIST THE INCIDENT BELOW AND MAKE CERTAIN YOU HAVE EXPLAINED IT ON THE BACK PAGE. **ALL INCIDENTS MUST BE EXPLAINED IN DETAIL.**

SECTION # (A-K)	DATE	REASON/CHARGE	LAW ENFORCEMENT AGENCY - CITY/STATE	DISPOSITION/SENTENCE

6. DRIVING HISTORY

A. HAVE YOU EVER HAD A DRIVER'S LICENSE CANCELED, REFUSED, REVOKED, OR SUSPENDED? ☐ YES ☐ NO
IF YES, EXPLAIN IN DETAIL ON THE BACK PAGE THE REASON FOR THIS ACTION. LIST DATES.

B. HAVE YOU EVER HAD YOUR DRIVING PRIVILEGES OR VEHICLE REGISTRATION SUSPENDED? ☐ YES ☐ NO **IF YES, EXPLAIN IN DETAIL ON BACK PAGE.**
 DATE OF REINSTATEMENT _____

C. LIST ALL DRIVER'S OR CHAUFFEUR'S LICENSES YOU NOW OR EVER HELD.

ISSUE DATE	EXPIRED DATE	TYPE OF LICENSE	EXPIRATION DATE	STATE	LICENSE NUMBER
D. HAVE YOU EVER ATTENDED A DRIVER IMPROVEMENT SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO			WHEN?	WHERE?	

E. LIST EACH AND EVERY TRAFFIC CITATION, SUMMONS AND WRITTEN WARNING YOU HAVE EVER RECEIVED. LIST IN CHRONOLOGICAL ORDER BEGINNING WITH THE MOST RECENT. IF YOU NEED MORE SPACE, USE THE BACK PAGE.

MONTH/YEAR	CHARGE	AGENCY/CITY OR STATE	DISPOSITION/RESULT

F. HAVE YOU EVER BEEN CHARGED WITH DRIVING UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? ☐ YES ☐ NO **IF YES, EXPLAIN ON BACK PAGE.**

G. HAVE YOU EVER BEEN INVOLVED WITH AGGRAVATED, AGGRESSIVE OR RECKLESS DRIVING? ☐ YES ☐ NO **DATES** _____
 HIT & RUN WITH INJURIES? ☐ YES ☐ NO **IF YES, EXPLAIN ON BACK PAGE.**

H. HAVE YOU EVER BEEN CHARGED WITH VEHICULAR HOMICIDE? ☐ YES ☐ NO **MANSLAUGHTER?** ☐ YES ☐ NO **IF YES, EXPLAIN ON BACK PAGE.**

7. GAMBLING

IF ANY OF THE FOLLOWING QUESTIONS ARE ANSWERED **YES**, EXPLAIN ON THE BACK PAGE.

<p>A. DO YOU NOW, OR HAVE YOU EVER HAD ANY GAMBLING DEBTS?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>	<p>B. HAVE YOU EVER USED AN EMPLOYER'S MONEY TO GAMBLE WITH?</p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>
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8. LIQUOR AND NARCOTICS

A. DO YOU DRINK ALCOHOLIC BEVERAGES? ☐ YES ☐ NO WHAT KIND? HOW MUCH?

B. HAVE YOU EVER HAD DIFFICULTY WITH YOUR FAMILY OR EMPLOYMENT DUE TO DRINKING? ☐ YES ☐ NO IF YES, EXPLAIN ON BACK PAGE.

A. HAVE YOU EVER TRIED OR USED ANY NARCOTIC OR DANGEROUS DRUG WITHOUT A DOCTOR'S PRESCRIPTION? ☐ YES ☐ NO IF YES, EXPLAIN ON BACK PAGE.

B. IF YOU HAVE TRIED, USED OR INGESTED ANY OF THE DRUGS LISTED BELOW, CHECK THE "YES" BOX. IF YOU HAVE NOT, CHECK THE "NO" BOX. **INCLUDE THE NUMBER OF TIMES USED AND DATES.**

	YES	NO	TOTAL # TIMES USED	#TIMES USED SINCE 21 st BDAY	DATE/S (MO/YR)		YES	NO	TOTAL # TIMES USED	#TIMES USED SINCE 21 st BDAY	DATE/S (MO/YR)
MARIJUANA – Other than prescribed by a physician as defined in ARS 36-2801	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	COCAINE	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
						HERION	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
						OPIUM	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
						INJECTABLE STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
INHALANTS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	ORAL STEROIDS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
THAI STICKS	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	HALLUCINOGENIC	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____
BARBITUATES	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	SUBSTANCES (LSD, PCP, Mescaline, Mushrooms, etc.)					
AMPHETAMINES (Speed, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____	Other Types of Drugs not Listed (list types below)			()	()	_____
HASHISH	<input type="checkbox"/>	<input type="checkbox"/>	()	()	_____						

IF YOU HAVE TRIED OR USED ANY OF THE DRUGS LISTED ABOVE OR IF YOU HAVE TRIED OR USED ANY OTHER DRUGS WITHOUT A DOCTOR'S PRESCRIPTION, EXPLAIN IN DETAIL BELOW. IF MORE SPACE IS NEEDED, USE THE BACK PAGE. **YOU MUST INCLUDE DATES AND NUMBER OF TIMES USED.**

9. ORGANIZATION MEMBERSHIP

ARE YOU NOW, OR HAVE YOU EVER BEEN, A MEMBER OF ANY ORGANIZATION WHICH HAS ADOPTED OR SHOWS A POLICY OF ADVOCATING OR APPROVING ACTS OF FORCE OR VIOLENCE TO DENY OTHER PERSONS THEIR RIGHTS UNDER THE CONSTITUTION OF THE UNITED STATES OR THE STATE OF ARIZONA? ☐ YES ☐ NO

ARE YOU NOW IN A GROUP WHICH SEEKS TO ALTER THE FORM OF GOVERNMENT OF THE UNITED STATES BY ANY UNLAWFUL OR UNCONSTITUTIONAL MEANS? ☐ YES ☐ NO
IF SO, EXPLAIN ON THE BACK PAGE.

A. HAVE YOU EVER PARTICIPATED IN ANY DEMONSTRATION, STRIKE, PICKET LINE OR DELEGATION SPONSORED BY ANY GROUP OR ORGANIZATION AS A PROTEST MEASURE? ☐ YES ☐ NO IF SO, EXPLAIN ON THE BACK PAGE.

10. MILITARY STATUS

A. SELECTIVE SERVICE NUMBER - (If unknown go to www.sss.gov)

B. HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY OR SEMI-MILITARY ORGANIZATION? ☐ YES ☐ NO IF SO, LIST EACH SERVICE PERIOD SEPARATELY.

MONTH/YEAR ENTERED	BRANCH OR ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK

C. LIST ALL MILITARY SERVICE NUMBERS

D. CURRENT MILITARY STATUS

E. DID YOU EVER RECEIVE ANY DISCIPLINARY ACTION WHILE SERVING IN THE MILITARY? ☐ YES ☐ NO IF YES, EXPLAIN ON THE BACK PAGE.

Please answer the following question concerning the scheduling of your polygraph examination.

Occasionally, an applicant is unable to keep his/her scheduled polygraph appointment. When this occurs, we attempt to schedule another applicant into that time slot. How much notice do you require to be scheduled for a polygraph examination?

_____ Hours(s)

_____ Days

This page is to add or clarify any part of this questionnaire. Please indicate the section (such as Employment History) and the specific question by letter.

[illegible]

Use additional pages if needed.

Please read statement below and sign before a notary public prior to submitting questionnaire.

Undersigned agrees to hold harmless and to forever release, discharge, cancel, waive and acquit the City of Mesa and all of its current, former, or future agents, servants, employees, elected officials or any person or entity action by or through or in concert with it from any and all rights, claims, demands, and/or causes of action, obligations, damages, penalties, fees, costs, expenses and liability that undersigned had, has, or may hereafter have existing as of the date this document is signed, whether known at the time of execution of this document or not, related to this investigation into my background, reputation, and mental or physical health.

Signature of Applicant

Notary Public

**Notice that Credit Report Will Be Obtained
AND
Authorization for Disclosure**

I, _____, authorize the release, review and full disclosure of all records, or any part thereof, concerning myself to any authorized agent of the Mesa, Arizona Police Department, whether the records are of a public, private, or confidential nature.

The purpose of this authorization is to give my consent for full and complete disclosure of the records of any consumer credit reports and criminal background reports for employment purposes in accordance with the Fair Credit Reporting Act ("FCRA" or the "Act")

The reason for this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of conducting a background investigation that may provide pertinent information for the Mesa, Arizona Police Department to consider in determining my suitability of employment.

Should an investigative consumer report be requested, I understand that I will have the right to demand a complete and accurate disclosure of the nature and scope of the credit investigation requested (i.e. credit report) and a written summary of my rights under the Fair Credit Reporting Act.

In the event my application is disapproved, the sources of any confidential information will not be revealed to me. I agree to indemnify and hold harmless the person to whom this request is presented, as well as his or agents and employees from and against all claims, damages, losses, and expenses to include attorney fees, arising out of or by reason of complying with this request.

A PHOTOCOPY OF THIS WAIVER WILL BE VALID AS AN ORIGINAL.

Must be signed in the presence of a notary:

SUBSCRIBED AND SWORN TO BEFORE ME

THIS _____ DAY OF _____ 2015

SIGNATURE OF APPLICANT

NOTARY